ne (print)	Office (if applicable)	unit		District (if analisable)
1.0. 136x 619	Ygrington	NV	89408	District (if applicable)
ing Address (include city and zip code)			Telephone No.	
ail Address				
ct Appropriate Box(es) CANDIDATE PAC	□BAG [X(POLPRTY []IND EXP[AMENDED	ANNUAL FILING
Annual Filing - Due January 1	15, 2004		<u> </u>	
Period: January 1, 2003 - December 31, 2003			(h)	
Daniel Md. D. A. (10) page				FILE
Report #1 — Due August 31, 200 imbents in an Office with a 4-year term Period:	4 Jan. 5, 2001 — Aug 26, 2004		10/	4
imbents in an Office with a 6-year term Period:	Dec. 20, 1998 — Aug 26, 2004			JANO 6 2005
thers Period: ot Advocacy Groups (BAGs) only: Period:	Jan. 1, 2004 – Aug. 26, 2004 Dec. 5, 2002 – Aug 26, 2004		<u> </u>	and-Deliv
Report #2 Due — October 26, 20	•			DEAN HELLER
Period:	Aug. 27, 2004 — Oct. 21, 2004		FOR	CRETARY OF STA
Report #3 Due — January 15, 200	05*			
Period: s only: Period:	Oct. 22, 2004 — Dec. 31, 2004 Oct. 22, 2004 - Dec. 5, 2004			
,	,			
Annual Filing - Due January 15, 2 Period: January 1, 2004 - December 2	2005 31 2004			
ird Report suffices for 2005 Annual Filing	if candidate also filed R	eport Nos	. 1 and 2	
u tarraji witat			(Cumulative
CONTRIBUTIONS SUMMA	RY			From Beginning
			70.1 B	of Report Period #1 through End
			This Period	of This Reporting
			,	Period
Total Monetary Contributions Received in E	xcess of \$100		\$1000.00	4437.57
2. Total Monetary Contributions Received of \$	100 or Less		_0	8/28.47
	This Period Cum	ulative From		
	Begi	nning of	· ·	
	Thro	ort Period #1 ugh End of		
	Perio	Reporting d		
 Total Amount of Monetary Contributions Received 			_	
(Add Lines 1 and 2)	α		\$1000	12566.04
4. Total Value of In Kind Contributions Receive	ed in	A		
Excess of \$100	7-7-00		_	
	EXPENSES SUMMA	RY		
5. Total Monetary Expenses Paid in Excess of	\$100		\$ 1005,1	77,502.8
6. Total Monetary Expenses Paid of \$100 or Le			SN 01	7 2/5 2
7. Total Amount of All Monetary Expenses I				
(Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess	I		1055.13	51 17 8/8 19
of \$100	$\wp \mid \varrho$	7		•
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en e	AFFIRMATION		Marka Alberta	
clare Under Penalty of Perjury That the Fore	going is True and Correct.			
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		500 4 4	<u> </u>
Lyon Count	& REPubliCAN	CENTRAL	Committees
Name (print)	/	Office (if applicat	ole)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
NEUADA STATE REPublican SG25 W. SAHALA AVZ LV NV	12/21/04	\$1000.00	
,,,			

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Revised: Jan-04

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#3

Name (print) Republican Cintral Committer
Office (if applicable)

District (if applicable)

Expense Categories

	T 1 1 1 1 1 1
CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

		10 100 100 100 100	
Lyon Count	REPublican	Certral	Committee
Name (print)	, ,	Office (if applicable)	

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
LEON ABELISTANI 624 SIVENIALE BLUD FERNLEY NU 89408	D Moson valley Norwal	11/2/04	1005.13
KATHLEEN'S MANN ST VERINGTON	Condy from	10/25/04	\$ 50-60
,			

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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Lyon Count	n Arpub	lican Ce	ntral	Comms	Hee
Name (print)	1 7	Office (if appl	icable)		-

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
			· ·	

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Lynn	County	Republican	Central	Committee
Name (pfint)	/	7	Office (if applicable	e)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
		CAPLINGE.	EXPENSE
			<u> </u>

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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